MARYLAND STATE DEPARTMENT OF HEALTH

09973

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Ann Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 416 Cannon Street

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Walter (Last) Barwick
4. DATE OF DEATH (Month) Oct. (Day) 18 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 10 1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Lumber yard
11. BIRTHPLACE (State or foreign country) Centreville Queen Ann Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME (late) Joshua Barwick
14. MOTHER'S MAIDEN NAME (late) Margaret Janell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-14-4199
17. INFORMANT AND ADDRESS Mrs. Marietta Barwick - Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Traumatic schock -	12 hours 55 min
812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of right femur & right humerus	12 hrs 55 min
170 C	(c) Run over by a truck in lumber yard of E.S. Adkins Co	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chestertown Md, 10-18-51, at 7.05 am

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Lumber yard
(CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) 10 (Day) 18 (Year) 51 (Hour) 7.05 a.m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Run over by a truck

22. I hereby certify that I attended the deceased from 10-18, 1951, to 10-18, 1951, that I last saw the deceased alive on 10-18, 1951, and that death occurred at 8.00 P.m., from the causes and on the date stated above.

SIGNATURE Robert W. Farr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 10-18-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 21 1951
NAME OF CEMETERY OR CREMATORY Church Hill - Cemetery
LOCATION (City, town, or county) Church Hill - Maryland (State)

DATE REC'D BY LOCAL REG. Oct. 21-1951
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 23 1951
BUREAU V. S.

Item 9 FilmG136 10/25/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09974

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (In this place) 2hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Q.A. County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Anton Theodor (Last) Burgard

4. DATE OF DEATH: (Month) October (Day) 17 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov.13,1893

9. AGE last birthday: 57 ~~58~~ yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: Dr. of Medicine

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Burgard

14. MOTHER'S MAIDEN NAME: Rosela Greve

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs.Louisa Burgard-Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2½ Hrs.
420 D Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arteriosleratic Heart Didease	6 Mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 51 to 10-17, 19 51 that I last saw the deceased alive on 10-17, 1951, and that death occurred at 1:35 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert E. Ensor M.D. Chestertown, Md. 10-17-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 10-19

NAME OF CEMETERY OR CREMATORY: Roch Hall

LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG.: Oct. 19-1951

REGISTRAR'S SIGNATURE: Clara S. Barnes.

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill, Md.

075868

VS. A15

RECEIVED
OCT 22 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09975

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY KENT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON — LENGTH OF STAY (in this place) 20 YEARS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) JESSIE (Middle) BLANCH (Last) COLEMAN	4. DATE OF DEATH (Month) OCT. (Day) 21 (Year) 1951
5. SEX MALE — 6. COLOR OR RACE WHITE — 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) MARRIED	8. DATE OF BIRTH JUNE 4, 1879 — 9. AGE last birthday 72 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL MAN — 10b. KIND OF BUSINESS OR INDUSTRY U.S. MAIL	11. BIRTHPLACE (State or foreign country) MARYLAND — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WILLIAM COLEMAN	14. MOTHER'S MAIDEN NAME SARAH PARKS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. —	17. INFORMANT MARY L. COLEMAN, BETTERTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Indigestion

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Endo Carditis

92l (c) Arterial Sclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 21, 1951, to Oct 21, 1951, that I last saw the deceased alive on Oct 21, 1950, and that death occurred at ~~Oct 21~~ 4:30 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. P. Atwell	M.D.	Still Pond	10-24-51 Md.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) BURIAL	DATE THEREOF OCT. 24, 1951	NAME OF CEMETERY OR CREMATORY STILL POND CEMETERY	LOCATION (City, town, or county) STILL POND, (State) MD.
DATE REC'D BY LOCAL REG. Oct 24 1951	REGISTRAR'S SIGNATURE E. Kennard Jones	24. FUNERAL DIRECTOR B.R. FELLOWS	ADDRESS STILL POND, MD.

335906

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09976

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville, Md. — LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Morgues Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Delaware~~ West Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkins
STREET ADDRESS (If rural, give location) 210 Second St.

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) Lucy V. (Last) Conwell
4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Aug 8, 1869
9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Dover, Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Webster B. Learned
14. MOTHER'S MAIDEN NAME Deborah Hoboon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. W.S. Green, 25 Reamer Ave. Richardson Pk, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-vascular Accident — 1 hour

331X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis — years

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/29, 1951 to 10/29, 1951, that I last saw the deceased alive on 10/29, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr. E. Ewer, M.D. Chestertown, Md. 10/29/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 1 1951
NAME OF CEMETERY OR CREMATORY Odd Fellows Cem
LOCATION (City, town, or county) Camden (State) Del.

DATE REC'D BY LOCAL REG. Oct. 30, 1951
REGISTRAR'S SIGNATURE Edward F. Bellows
24. FUNERAL DIRECTOR Edward F. Bellows ADDRESS Milford, Del.

RECEIVED
NOV 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09977

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 69 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 Kent St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) LEANOR (Last) CHAMBERS FOX

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Apr. 27 1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Magnolia, Del.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry S. Barnett

14. MOTHER'S MAIDEN NAME: Nora McElwain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 218-20-8114

17. INFORMANT AND ADDRESS: Mrs Vernon Barnett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Mesenteric Thrombosis	3 hours
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic Heart Disease	Year
93d (c)	Chronic Cholecystitis	30 Yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1950, to 10/14, 1951, that I last saw the deceased alive on 10/14, 1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert E. Ensor, M.D. — ADDRESS: Chestertown, Md. — DATE SIGNED: 10/14/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 17, 1951 — NAME OF CEMETERY OR CREMATORY: Chester Cemetery — LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Oct. 14-1951 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown — ADDRESS: Md

RECEIVED
OCT 16 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) B. (Last) Glenn

4. DATE OF DEATH (Month) Oct. (Day) 28 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 6, 1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William R. Glenn
14. MOTHER'S MAIDEN NAME Georgianna Lant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Mary Glenn-Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Cardiac end of Stomach.
151X Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓
40 N (c) ✓

INTERVAL BETWEEN ONSET AND DEATH: Six months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from July 15, 1951, to Oct 28, 1951, that I last saw the deceased alive on Oct 20, 1957, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E Kesler MD
ADDRESS Rock Hall
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 31
NAME OF CEMETERY OR CREMATORY Wesley Chapel
LOCATION (City, town, or county) (State) Rock Hall, Md.

DATE REC'D BY LOCAL REG. 10/31/51
REGISTRAR'S SIGNATURE S Elwood Bingen
24. FUNERAL DIRECTOR Edgar L. Lane--Church Hill, Md.
ADDRESS

RECEIVED
NOV 1951
BUREAU OF V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09979

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Worton
STREET ADDRESS (If rural, give location): Hainesville

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) R. (Last) HOLDSON
4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1951
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: June 16, 1873
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Hainesville Kent Co Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Robert Holdson
14. MOTHER'S MAIDEN NAME: Elizabeth Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Susan Holdson, Wife — Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
331X	Immediate cause	(a) Cerebro-vascular accident	one week
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia	1 day
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 1951, to 10/31, 1951, that I last saw the deceased alive on 10/31, 1951, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE: Robert E. Ensor, MD. (Degree or title) — ADDRESS: Chestertown, Md — DATE SIGNED: 10/31/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 3 1951 — NAME OF CEMETERY OR CREMATORY: Union Cemetery — LOCATION (City, town, or county) (State): Worton Kent Co. Md.

DATE REC'D BY LOCAL REG.: Nov. 3-1951 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Maryland

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH (Month) (Day) (Year) 19

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Grason

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. unknown

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 2, 19 51, to Oct. 2, 19 51, that I last saw the deceased alive on Oct. 2, 19 51, and that death occurred at 2:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Julbrandsen M.D. ADDRESS Chestertown, Md. DATE SIGNED Oct. 2, 1951

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF Nov. 1, 1951

NAME OF CEMETERY OR CREMATORY Janes (Col.) Co.

LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REG. Oct. 29-1951

REGISTRAR'S SIGNATURE Clara S. Barnes

24. FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.03

1. PLACE OF DEATH: COUNTY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 243 N. 60th St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last):
4. DATE OF DEATH (Month) (Day) (Year) 19

5. SEX:
6. COLOR OR RACE:
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 94
9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: 163-07-1372
17. INFORMANT AND ADDRESS: Tickner Fun. Dir., Balto Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — ONSET AND DEATH

Immediate cause (a) Drowning — 10 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intoxicated

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Waterfront
(CITY OR TOWN): Rock Hall (COUNTY): Kent (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 10 20 51 9:45 p.m. (about)
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Presumably fell into water while intoxicated & unattended

22. I hereby certify that I attended the deceased from 10-20, 1951, to 10-20, 1951, that I last saw the deceased alive on 10-20, 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE: R. Lut W. Farr (Degree or title) Deputy Mt. Cran ADDRESS: Chestertown Md DATE SIGNED: 10-21-51

23. BURIAL, CREMATION REMOVAL (Specify):
DATE THEREOF:
NAME OF CEMETERY OR CREMATORY: Western
LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: Oct. 21-1951
REGISTRAR'S SIGNATURE: ~~Clara S. Barnes~~ S. Elwood Burgess
24. FUNERAL DIRECTOR:
ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09982

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown, Md. — LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) "

3. NAME OF DECEASED (Type or Print): (First) Mrs. — (Middle) IDA MAE — (Last) SCHOFIELD
4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: June 9, 1877
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Still Pond Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob B. Crowding
14. MOTHER'S MAIDEN NAME: Retta Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Leslie Schofield - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Sudden while asleep - probably cerebral hemorrhage

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830 (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1950 to 10/8, 1951, that I last saw the deceased alive on 5/28, 1951, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert E. Enos Deputy Coroner | Chestertown, Md. | 10/8/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 10, 1951 | NAME OF CEMETERY OR CREMATORY: Georgetown Cemetery | LOCATION (City, town, or county) (State): Georgetown Kent Co. Maryland

DATE REC'D BY LOCAL REG.: Oct. 9-1951 | REGISTRAR'S SIGNATURE: Clara S. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Williams | ADDRESS: Chestertown Maryland

OCT 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) C (Middle) Romie (Last) Skirven
4. DATE OF DEATH (Month) 10 (Day) 5 (Year) 1957

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 6-6-71
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Skirven
14. MOTHER'S MAIDEN NAME Frances Hurlock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hosp. records Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac arrest	10 minutes
151 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic carcinoma of liver, mesenteric lymph nodes	6 months
46 b	(c) Carcinoma of pyloric end of stomach	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10-5-51
19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach c̄ generalized metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1957, to 10-5, 1957, that I last saw the deceased alive on 10-5, 1957, and that death occurred at 10 26 A.m., from the causes and on the date stated above.

SIGNATURE A. C. Sick (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 10-5-57

23. BURIAL, CREMATION REMOVAL (Specify) Bur.
DATE THEREOF Oct. 7, 1951
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown, Md. (State)

DATE REC'D BY LOCAL REG. Oct. 5-1951
REGISTRAR'S SIGNATURE Clara L. Barnes.
24. FUNERAL DIRECTOR
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT. 8. 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09984

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STILL POND
LENGTH OF STAY (in this place) 60 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STILL POND
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) HENRIETTA (Middle) (Last) SMITH

4. DATE OF DEATH (Month) OCT (Day) 12, (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE COLORED
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) WIDOWED
8. DATE OF BIRTH MAY 16, 1863
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME NIMROD SAGER
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT PRESTON BROWN, STILL POND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pleural Pneumonia

241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asthma + Arterial Sclerosis

110 (c)

I[redacted] ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 11, 1951, to Oct 12, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Atwell ADDRESS Still Pond DATE SIGNED Oct 16th 1951

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) BURIAL
DATE THEREOF OCT. 17, 1951.
NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY
LOCATION (City, town, or county) (State) STILL POND, MD.

DATE REC'D BY LOCAL REG. 10/17/51
REGISTRAR'S SIGNATURE E Kennard Jones
24. FUNERAL DIRECTOR B. R. FELLOWS ADDRESS STILL POND, MD.

RECEIVED
OCT 19 1951
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09985

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown, Md. — LENGTH OF STAY (in this place) 2 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Illinois — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicago
STREET ADDRESS (If rural, give location) 52 E. Grand Ave.

3. NAME OF DECEASED (Type or Print): (First) ROBERTO (Middle) (Last) VELISQUEZ

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1951

5. SEX: M

6. COLOR OR RACE: Puerto Rican

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/31/51

9. AGE last birthday: yrs. — If under 1 year: Months 1 / Days 20 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Chestertown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Americo Rodriguez

14. MOTHER'S MAIDEN NAME: Maximinae Velisquez

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: AMERICO RODRIQUEZ, Alone Chicago

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage, probably lung — 2 Hrs.

771.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 1 Mos 20 Days

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1951, to 10/18, 1951, that I last saw the deceased alive on 10/19, 1951, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE Robert E. Snoop M.D. (Degree or title) — ADDRESS Chestertown, Md. — DATE SIGNED 10/19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 24, 1951 — NAME OF CEMETERY OR CREMATORY: Janes Colored Cem. — LOCATION (City, town, or county) (State): Chestertown-Kent-Md.

DATE REC'D BY LOCAL REG.: Oct. 23-1951 — REGISTRAR'S SIGNATURE: Clara S. Barnes

24. FUNERAL DIRECTOR — ADDRESS: J. Willis Wells - Chestertown, Md.

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RECEIVED
OCT 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09986

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH COUNTY KENT MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Kent

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Veronica (Middle) (Last) Wachowiz

4. DATE OF DEATH (Month) October (Day) 31 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Jankowski

14. MOTHER'S MAIDEN NAME Franise Wachowiz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Anna Wachowiz, Rock Hall, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrage

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Spastic paraplegia

830 (c)

INTERVAL BETWEEN ONSET AND DEATH: Ten years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? ~~Yes~~ ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1951, to Oct 31, 1951, that I last saw the deceased alive on Oct 27, 1951, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E Kester ADDRESS Rock Hall Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Nov. 3 1951

NAME OF CEMETERY OR CREMATORY St. John's

LOCATION (City, town, or county) (State) Rock Hall, Maryland

DATE REC'D BY LOCAL REG. Nov 3-51

REGISTRAR'S SIGNATURE S. Elwood Burgess

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 9 1951
BUREAU V. S.